Recipient Committee Campaign Statement

City Attorney
JAN 02 2003

Type or print in ink.

	COVER PAGE
Date Stamp	CALIFORNIA /CO
City Clerk's Offic	FORM 400
	Page1 of8
JAN - 2 2015	For Official Use Only
RECEIVE	

Cover Page (Government Code Sections 84200-84216.5)			City Clerk's	Office	
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE	Statement covers period from Oct. 19, 2014 through Dec. 31, 2014	Date of election if applicable: (Month, Day, Year) Nov. 4, 2014	JAN - 2 RECEI	2015	For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	omplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: ☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 To ☐ Amendment (Explain b	ermination)	Quarterly Sta Special Odd- Supplementa Statement - A	-Year Report
	d. number 1371704	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Milpitas Voters Against Measure E		NAME OF TREASURER MIchael S. McInerney MAILING ADDRESS 820 Kizer Street			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
820 Kizer Street		Milpitas	CA	95035	408-263-8714
CITY STATE ZIP C Milpitas CA 9503		NAME OF ASSISTANT TREASU	RER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	вох	MAILING ADDRESS			
CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS		
4. Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ Executed on	ia that the foregoing is true and correct. By Mi Way	17 5 14 1	Treesure oponent or Responsible Officer		e and complete. I certify

Signature of Controlling Officeholder, Candidate, State Measure Proponent

	COVER	PAGE - PART 2
	FORNIA DRM	460
Page _	2	of8

. Officeholder or Candidate Controlled Comr	nittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
			Milpitas Economic Sus	tainability an	d Stabilizatior	n Act	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	CT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
			Measure E	City of M	ilpitas		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP		Identify the controlling of	ficeholder, car	ndidate, or stat	te measure ¡	proponent, if any.
· · · · · · · · · · · · · · · · · · ·			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you contributions or make expenditures on behalf of your co	or are primarily formed to receive		OFFICE SOUGHT OR HELD		D	DISTRICT NO.	F ANY
COMMITTEE NAME	I.D. NUMBER				<u></u>		***************************************
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car officeholder(s) or candidate		s committee is p	orimarily form	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.	JOX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUGH	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP	CODE AREA CODE/PHONE		Atta	nch continuation	on sheets if ne	ecessary	1

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Oct. 19, 2014 CALIFORNIA FORM 460

through Dec. 31, 2014 Page 3 of 8

I.D. NUMBER

1371704

NAME OF FILER 1371704 Milpitas Voters Against Measure E Column B Calendar Year Summary for Candidates Column A Contributions Received CALENDAR YEAR TOTAL THIS PERIOD Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 9.410.00 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 879.00 9.410.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 37.93 272.13 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 916.93 9,682.13 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ____ **Expenditures Made Expenditure Limit Summary for State** 9.672.40 3,213.67 **Candidates** 6. Payments Made Schedule E, Line 4 \$ 0.00 0.00 22. Cumulative Expenditures Made* 3,213.67 9,672.40 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 9. Accrued Expenses (Unpaid Bills) Schedule F. Line 3 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 9.672.40 3,213.67 **Current Cash Statement** 2,072.27 To calculate Column B. add 879.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 262.40 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 3,213.67 Column A may be negative 0.00 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ __ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 0.00 0.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Oct. 19, 2014

CALIFORNIA FORM

CALIFORNIA FORM

CALIFORNIA FORM

Page 4 of 8

EE	INSTRI	JCTIONS	ON	REVERSE

NAME OF FILER

Milpitas Voters Against Measure E

I.D. NUMBER 1371704

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/20/14	Su Kyung Ro 1621 Stemel Way Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	450.00	450.00	
10/26/14	Shakeel Ahmed 872 Kizer Street Milpitas, CA 95035	ZIND COM OTH PTY SCC	Engineer Cisco	100.00	100.00	
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
		□IND □COM □OTH □PTY □SCC				
			SUBTOTALS	550.00		

Schedule A Summary

- Amount received this period itemized monetary contributions.

 (Include all Schedule A subtotals.)
 \$ \$
- 2. Amount received this period unitemized monetary contributions of less than \$100\$

*Contributor Codes

IND - Individual

550.00

COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** Oct. 19, 2014 **FORM** from. Dec. 31, 2014 through I.D. NUMBER 1371704

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Milnitas Voters Against Measure F

TVIIIPITAG V C						107170	T
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
Attach addi	itional information on appropriately labe	led continuati	ion sheets.	SUBTOTAL :	\$		

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. 0.00 (Include all Schedule C subtotals.) \$ 37.93 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3. Total nonmonetary contributions received this period. 37.93

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULEE

Statement covers period from Oct. 19, 2014

through Dec. 31, 2014

Page 6 of 8

I.D. NUMBER

1371704

SEE INSTRUCTIONS ON REVERSE			through Dec. 31, 2014	Page	of
NAME OF FILER			7 7	I.D. NUMB	
Milpitas Voters Against Measure E				1371704	
CNS campaign consultants MTG me CTB contribution (explain nonmonetary)* OFC off CVC civic donations PET pe FIL candidate filling/ballot fees PHO ph FND fundraising events POL po IND independent expenditure supporting/opposing others (explain)* POS po LEG legal defense PRO pro	ment, you may enter ember communications setings and appearance ice expenses tition circulating one banks Iling and survey resears stage, delivery and me ofessional services (leg nt ads	s ch ssenger services	wise, describe the payment. RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and process transfer between committed voter registration web information technology cost	es roduction costs and meals g, and meals ees of the same	•
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DES	CRIPTION OF PAYMENT		AMOUNT PAID
Prismatic Signs 467 Montague Expressway Milpitas, CA 95035-6800	СМР	200 No On E bu	ttons		\$171.83
Patsons 831 Martin Avenue Santa Clara, CA 95131	LIT	6,000 No On E p	ostcards		1,246.28
California Mailing Services 2375 Paragon Drive San Jose, CA 95131	LIT	Second Mailing	of Tri-Fold Flyer		244.26
* Payments that are contributions or independent expenditures must also	be summarized on S	chedule D.	Ş	SUBTOTAL\$	1,662.37
Schedule E Summary				A Complete William Company	
1. Itemized payments made this period. (Include all Schedule E subtota	ıls.)			\$	3,125.57
2. Unitemized payments made this period of under \$100				\$	
3. Total interest paid this period on loans. (Enter amount from Schedule	B, Part 1, Column	(e).)		\$	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here	and on the Summai	y Page, Column A,	Line 6.) T	OTAL \$	3,213.67

Schedule E (Continuation Sheet) **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHEDULE E (CONT.
Stat	tement covers period	CALIFORNIA ACO
from	Oct. 19, 2014	FORM 400
throug	hDec. 31, 2014	Page7 of8
· · · · · · · · · · · · · · · · · · ·		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1371704 Milpitas Voters Against Measure E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants RFD returned contributions MTG meetings and appearances CTB contribution (explain nonmonetary)* SAL campaign workers' salaries OFC office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals candidate filing/ballot fees phone banks TRC PHO staff/spouse travel, lodging, and meals polling and survey research TRS fundraising events POL transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF voter registration LEG legal defense professional services (legal, accounting) VOT WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **Bulk Mail Annual Fee** United States Postal Service POS 1750 Lundy Avenue 220.00 San Jose, CA 95101 The Milpitas Post Newspaper Political Advertisement 59 Marylinn Drive PRT 798.00 Milpitas, CA 95035 Updates to Website and Closing Website Deep Patel, En Interactive Technologies **WEB** 150.00 610-611 Baudi Cross Lane, Marve Road Mumbai, Maharashtra, India 400064 Milpitas Food Pantry and Clothes Closet Donation of remaining funds CVC 295.20 1440 South Main Street Milpitas, CA 95035

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

1,463.20

Schedule		Type or print in i	nk. ,			SCHEDULE
Miscelland	eous Increases to Cash	Amounts may be ro to whole dollars			nt covers period Oct. 19, 2014	CALIFORNIA 460
				irom		1 OIXIII
SEE INSTRUCTION	NS ON REVERSE			through	Dec. 31, 2014	Page8 of8
NAME OF FILER						I.D. NUMBER
Milpitas Vote	ers Against Measure E					1371704
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DES	SCRIPTION OF RI	ECEIPT	AMOUNT OF INCREASE TO CASH
10/28/14	United States Postal Service 1750 Lundy Avenue San Jose, CA 95101			al Bulk Mail f ance on Bulk	Fee and Mail Account	262.40
Attach add	itional information on appropriately labeled continuation sheets.				SUBTOTAL	\$ 262.40
Schedule I	Summary					
	ncreases to cash this period				\$	<u>) </u>
	d increases to cash of under \$100 this period				0.00)
3. Total of all	interest received this period on loans made to others. (S	chedule H, Column (e).)	,		\$0.00	<u>)</u>
4. Total misc	rellaneous increases to cash this period. (Add Lines 1, 2 Page, Line 14.)	and 3. Enter here and	on the		262.40)_

Recipient Committee Campaign Statement Cover Page		Type or print in	ink.	Date Stamp		CALIFO FOR	RM	460
Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE		Statement covers period from Oct. 1, 2014 through Oct. 18, 2014	Date of election if applicable: (Month, Day, Year) Nov. 4, 2014	OCT 2 2 7	2014 V 🔊 🗓	rage	Official Use	'I
1. Type of Recipient Committee: All Committee: All Committee: Officeholder, Candidate Controlled Committee Officeholder, Candidate Controlled Committee Officeholder, Candidate Election Committee Officeholder, Candidate Election Committee Officeholder, Candidate Committee Officeholder, Candidate Committee Officeholder, Candidate Committee Officeholder, Candidate Committee	ee Z	complete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	ermination)	Speci	erly Stateme al Odd-Year lemental Pre ment - Attacl	Report election	95
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO Milpitas Voters Against Measure E STREET ADDRESS (NO P.O. BOX)		.D. NUMBER 1371704)	Treasurer(s) NAME OF TREASURER Michael S. McInerney MAILING ADDRESS 820 Kizer Street CITY Milliottee	STATE CA	ZIP CC 9503		AREA 0	:ODE/PHONE
820 Kizer Street CITY STA Milpitas C, MAILING ADDRESS (IF DIFFERENT) NO. AND STR CITY STA OPTIONAL: FAX / E-MAIL ADDRESS	A 9503 EET OR P.O.	35 408-263-8714 вох	Milpitas NAME OF ASSISTANT TREASU MAILING ADDRESS CITY OPTIONAL: FAX / E-MAIL ADDI	RER, IF ANY . STATE	ZIP CC			ODE/PHONE
4. Verification I have used all reasonable diligence in preparing under penalty of perjury under the laws of the Ste Executed on October 22, 2014 Date Executed on Date Executed on Date	and reviewin	nia that the foregoing is true and correct. By Michael -		erein and in the attached to the stacked to the sta		les is true an	d complet	te. I certify
Executed on		Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent				

COVER PAGE

NAME OF OFFICEHOLDER OR CANDIDATE		NAME	OF BALLOT MEASURE			······································	
NAME OF OFFICEROLDER OR CANDIDATE		******	itas Economic Su	stainability an	d Stabilizati	on Act	
	TOUR AND DISTRICT AUGUSTS OF ADDITIONS OF		T NO. OR LETTER	JURISDICTION	~~~~] SUPPORT
OFFICE SOUGHT OR HELD (INCLUDE LOCAL	TION AND DISTRICT NUMBER IF APPLICABLE)		sure E	City of M	ilpitas		OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AM	ND STREET) CITY STATE ZIP	ldent	ify the controlling o	fficeholder, car	ndidate, or st	ate measure	proponent, if a
		NAME	OF OFFICEHOLDER, C	ANDIDATE, OR PR	OPONENT		
	ed in this Statement: List any committees ontrolled by you or are primarily formed to receive behalf of your candidacy.	OFFIC	E SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER					<u> </u>	
		7 Drim	suller English on			244	
NAME OF TREASURER	CONTROLLED COMMITTEE?	office.	arily Formed Ca holder(s) or candidate	ndidate/Office(s) for which this	eholder Co s committee is	ommittee L primarily form	ist names of ned.
		office.	normed Ca holder(s) or candidate OF OFFICEHOLDER OF	e(s) for which this	s committee is	GHT OR HELD	ned.
COMMITTEE ADDRESS STREET ADD	☐ YES ☐ NO	office NAME	holder(s) or candidate	e(s) for which this	OFFICE SOU	primarily form	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADD	PRESS (NO P.O. BOX)	Office NAME NAME	holder(s) or candidate	e(s) for which this R CANDIDATE R CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE	NAME NAME	holder(s) or candidate OF OFFICEHOLDER OF OF OFFICEHOLDER OF	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOU OFFICE SOU OFFICE SOU	GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADD CITY COMMITTEE NAME	TYES NO DRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME NAME	of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of	R CANDIDATE R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOU OFFICE SOU OFFICE SOU	GHT OR HELD GHT OR HELD GHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA Oct. 1, 2014 **FORM** from Oct. 18, 2014 through .

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1371704 Milpitas Voters Against Measure E

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00 \$ 2,981.00 112.47	\$ 8,531.00 0.00 \$ 8,531.00 112.47 \$ 8,643.47	20. Contributions Received \$\$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 10. Nonmonetary Adjustment Schedule C, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 0.00 \$ 4,351.44 0.00 0.00	\$ 6,458.73 0.00 \$ 6,458.73 0.00 0.00 \$ 6,458.73	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 3,442.71 2,981.00 0.00 4,351.44, \$ 2,072.27	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed	*Amounts in this section may be different from amounts reported in Column B.
17. LOAN GUARANTEES RECEIVED	\$ 0.00	for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	FPPC Form 460 (January/0: FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-377;

Schedule A

Type or print in ink. Amounts may be rounded

SCHEDULE A Statement covers period

Monetary Contributions Received	to	whole dollars.	from		1, 2014	CAL F	IFORNIA ORM	460
SEE INSTRUCTIONS ON REVERSE			through	Oct.	18, 2014	Page	<u>4</u> 0	of
NAME OF FILER Milpitas Voters Against Measure E				·····		1.D. NI 1371	UMBER 704	
	1		T		T .			

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
10/04/14	David N. Hufton 1455 Fontainbleu Avenue Milpitas, CA 95035	ZIND COM OTH PTY SCC	Retired	200.00	200.00	
10/06/14	Martin L. Riker 2174 Lacey Drive Milpitas, CA 95035	ZIND COM OTH PTY SCC	Engineer Applied Materials	400.00	400.00	
10/06/14	Karen J. Friedman 2215 Seacliff Drive Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Karen Friedman Licensed Marriage and Family Therapist	200.00	200.00	
10/06/14	Lish-Yann Chen 653 Aberdeen Court Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
10/10/14	Cynthia Maxwell 350 Smithwood Street Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
			SUBTOTALS	1,100.00		

Schedule A Summary 1. Amount received this period – itemized monetary contributions. 2,500.00 (Include all Schedule A subtotals.)\$ 481.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. 2,981.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHE	DULE	A (CON	IT.)
State	ment covers period Oct. 1, 2014	IFORNI. ORM	A Z	160	
h	Oct. 18, 2014	5		7	

from ____

through.

I.D. NUMBER

NAME OF FILER

Milpitas Vot	ers Against Measure E				1371	704
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/14	Maria P. Lemery 2141 Bliss Avenue Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
10/14/14	Thomas W. Malcolm 406 Martil Way Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
10/17/17	Michael S. McInerney 820 Kizer Street Milpitas, CA 95035	ZIND COM OTH PTY SCC	Retired	800.00	2,800.00	
10/17/14	Diane Jones 468 Dolores Drive Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
10/17/14	Elaine K. Vaughn 1072 Tice Drive Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
			SUBTOTALS	1,400		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** Oct. 1, 2014 **FORM** from, Oct. 18, 2014 through I.D. NUMBER 4074704

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Milpitas \	oters Against Measure E				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13/1/0	4
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/14	Huntford Printing and Graphics 275 Dempsey Road Milpitas, CA 95035	□IND □COM ☑OTH □PTY □SCC		35 folders for media kit and 35 sets of media kit material	\$112.47	\$112.47	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$					112.47		

Schedule C	Summary
------------	---------

Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$ 112.47
2. Amount received this period – unitemized nonmonetary contributions of less than \$100	\$ 0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	
(Add Lines 1 and 2. Lines here and on the odininary 1 age, column 7, Lines 4 and 10.)	

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule E	
Payments Made	

SEE INSTRUCTIONS ON REVERSE

campaign literature and mailings

NAME OF FILER

LIT

Type or print in ink.

Amounts may be rounded to whole dollars.

PRT

print ads

	SCHEDULE E
Statement covers period	CALIFORNIA 160
fromOct. 1, 2014	FORM 40U
through Oct. 18, 2014	Page7 of7
	I.D. NUMBER
	1371704

WEB information technology costs (internet, e-mail)

Milpitas Voters Against Measure E CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses contribution (explain nonmonetary)* CTB TEL t.v. or cable airtime and production costs petition circulating CVC civic donations TRC candidate travel, lodging, and meals PHO phone banks FIL candidate filing/ballot fees TRS staff/spouse travel, lodging, and meals POL polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND VOT voter registration professional services (legal, accounting) LEG legal defense

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service 1750 Lundy Avenue San Jose, CA 95101	POS	Postage for bulk mail account	\$2,200.00
Patsons 831 Martin Avenue Santa Clara, CA 95050	LIT	Printing tri-fold flyer	\$1,676.70
California Mailing Services 2375 Paragon Drive San Jose, CA 95131	LIT	Mailing services for tri-fold flyer	\$382.08
* Doublett that are contributions or independent expanditures must also be sum	marized on S	chedule D. SURTOTAL	\$ 4 259 79

* Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

* Substituting Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100

\$ 92.66

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

\$ 0.00

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

**TOTAL \$ 4,351.44

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp City Clothol NOV 1 0		IFORNIA 460
(SOVERIMENT COUR COMMONS 0-4200 0-4210.0)	Statement covers period from Oct. 1, 2014	Date of election if applicable: (Month, Day, Year)	NOV 1 V		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughOct. 18, 2014	Nov. 4, 2014			
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
○ State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	✓ Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Tele ✓ Amendment (Explain belied) Add in-kind contribution	low)		Year Report I Preelection uttach Form 495
	D. NUMBER 1371704	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Milpitas Voters Against Measure E		Michael S. McInerney MAILING ADDRESS 820 Kizer Street			
STREET ADDRESS (NO P.O. BOX) 820 Kizer Street		сітү Milpitas	STATE CA	ZIP CODE 95035	AREA CODE/PHONE 408-263-8714
Milpitas CA 9503	5 408-263-8714	NAME OF ASSISTANT TREASUR	ER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	30X	MAILING ADDRESS			
CITY STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		· · · · · · · · · · · · · · · · · · ·
1. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California November 10, 2014 Date	a that the foregoing is true and correct. By	Signature of Treasurer or Assistant T	reasurer)		e and complete. I certify
Date Executed on	,	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent		
Date	Ву	Signature of Controlling Officeholder, Candidate, St.	ate Measure Proponent		**************************************

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
		Milpitas Economic Sustainability and Stabilization Act			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	N AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	N	SUPPORT
(,	Measure E	City of Mil	pitas	Z OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP	Identify the controlling of	officeholder, cand	didate, or state measur	e proponent, if any
		NAME OF OFFICEHOLDER, C	ANDIDATE, OR PRO	PONENT	
	in this Statement: List any committees colled by you or are primarily formed to receive alf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO). IF ANY
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Ca			
			e(s) for which this		rmed.
COMMITTEE ADDRESS STREET ADDRE	YES NO	officeholder(s) or candidate	e(s) for which this R CANDIDATE	committee is primarily fo	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES NO	officeholder(s) or candidate NAME OF OFFICEHOLDER OF	e(s) for which this R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRE	YES NO SSS (NO P.O. BOX) THE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OF	e(s) for which this R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRE CITY STA COMMITTEE NAME NAME OF TREASURER	YES NO SSS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OF	e(s) for which this R CANDIDATE R CANDIDATE R CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

NAME OF FILER 1371704 Milpitas Voters Against Measure E Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 8.531.00 7/1 to Date 1/1 through 6/30 0.00 0.00 2,981.00 8,531.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 234.20 234.20 21. Expenditures 3,215.20 8,765.20 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ___ **Expenditures Made Expenditure Limit Summary for State** 6.458.73 Candidates 6. Payments Made Schedule E, Line 4 \$ 0.00 0.00 22. Cumulative Expenditures Made* 4,351.44 6,458.73 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 0.00 0.00 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 6.458.73 4,351.44 **Current Cash Statement** 3,442.71 To calculate Column B, add 2.981.00 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 4,351,44 15. Cash Payments Column A. Line 8 above Column A may be negative 2,072.27 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ ____ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B. Part 2 \$ _ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 0.00 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period Oct. 1, 2014 **FORM** from

Oct. 18, 2014

through

CALIFORNIA

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Milpitas Voters Against Measure E

I.D. NUMBER 1371704

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/04/14	David N. Hufton 1455 Fontainbleu Avenue Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
10/06/14	Martin L. Riker 2174 Lacey Drive Milpitas, CA 95035	ZIND COM OTH PTY SCC	Engineer Applied Materials	400.00	400.00	
10/06/14	Karen J. Friedman 2215 Seacliff Drive Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Karen Friedman Licensed Marriage and Family Therapist	200.00	200.00	
10/06/14	Lish-Yann Chen 653 Aberdeen Court Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
10/10/14	Cynthia Maxwell 350 Smithwood Street Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
	•		SUBTOTALS	1,100.00		

Schedule A Summary

- 1. Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.) \$
- 481.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period. 2,981.00

*Contributor Codes

IND - Individual

2,500.00

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet)

Type or print in ink.

SCHEDULE A (CONT.	ONT.)
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Monetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period fromOct. 1, 2014			CALIFORNIA 460		
				through	Oct.	18, 2014	Page	<u>5</u> c	of	
NAME OF FILER							I.D. NUM	BER		
Milpitas Vo	ters Against Measure E						137170)4		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIL	BUTOR CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOU RECEIVE		CUMULATIVE TO CALENDAR Y			ELECTION DATE	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/14	Maria P. Lemery 2141 Bliss Avenue Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
10/14/14	Thomas W. Malcolm 406 Martil Way Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
10/17/17	Michael S. McInerney 820 Kizer Street Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	800.00	2,800.00	
10/17/14	Diane Jones 468 Dolores Drive Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100.00	
10/17/14	Elaine K. Vaughn 1072 Tice Drive Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
			SUBTOTALS	1,400		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from Oct. 1, 2014

through Oct. 18, 2014

CALIFORNIA 460

Page 6 of 7

I.D. NUMBER

1371704

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Milpitas Voters Against Measure E

willpitas v	/oters Against Measure E					13/1/0	4
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/14/14	Huntford Printing and Graphics 275 Dempsey Road Milpitas, CA 95035	☐IND ☐COM ☑OTH ☐PTY ☐SCC		35 folders for media kit and 35 sets of media kit material	\$112.47	\$112.47	
10/16/14	K & P Reed Enterprises Inc. 1459 David Lane Milpitas, CA 95035	☐IND ☐COM ☑OTH ☐PTY ☐SCC		Stipend for photographer and one memory card for camera.	\$121.73	\$121.73	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBTOTAL \$	234.20		

Schedule C Summary

1.	. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	\$	234.20
2.	. Amount received this period – unitemized nonmonetary contributions of less than \$100		0.00
	. Total nonmonetary contributions received this period.	TOTAL ¢	234.20

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	OUI ILLUULL L
Statement covers period	CALIFORNIA 460
from Oct. 1, 2014	FORM 400
through Oct. 18, 2014	Page of
	I.D. NUMBER
	1371704

COLIEDUREE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Milpitas Voters Against Measure E CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FIL РНО TRS staff/spouse travel, lodging, and meals fundraising events polling and survey research TSF transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services ND professional services (legal, accounting) VOT voter registration PRO LEG legal defense WEB information technology costs (internet, e-mail) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE CODE DESCRIPTION OF PAYMENT AMOUNT PAID OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Postage for bulk mail account United States Postal Service POS \$2,200.00 1750 Lundy Avenue San Jose, CA 95101 Printing tri-fold flyer Patsons LIT \$1,676,70 831 Martin Avenue Santa Clara, CA 95050 Mailing services for tri-fold flyer California Mailing Services \$382.08 LIT 2375 Paragon Drive San Jose, CA 95131 * Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 4,258.78 Schedule E Summary 4,258.78 1. Itemized payments made this period. (Include all Schedule E subtotals.)......\$ 92.66 2. Unitemized payments made this period of under \$100\$ ___ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

4,351.44

				COVERPAGE
Recipient Committee	Type or print in	ink.	Date Stamp	CALIFORNIA 460
Campaign Statement			v Clerk's Offic	FORM 400
Cover Page		**	A Marie Mari	4 7
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	OCT 0 6 2014	Page1 of7
	September 16, 2014	(Month, Day, Year)		For Official Use Only
	from	(##X		
SEE INSTRUCTIONS ON REVERSE	throughSept. 30, 2014	November 4, 2014	Server control server re-	
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
☐ Officeholder, Candidate Controlled Committee	Primarily Formed Ballot Measure	☑ Preelection Statement		Quarterly Statement
O State Candidate Election Committee	Committee	Semi-annual Statement		Special Odd-Year Report
• • • • • • • • • • • • • • • • • • • •	Controlled Sponsored	Termination Statement (Also file a Form 410 Te		Supplemental Preelection Statement - Attach Form 495
	Aiso Complete Part 6)	Amendment (Explain be	•	Glateria - Attack Contract
General Purpose Committee Sponsored	Primarily Formed Candidate/		5.617)	
O Small Contributor Committee	Officeholder Committee	la manufactura de la constanta		**************************************
O Political Party/Central Committee	Also Complete Part 7)			
	D. NUMBER 1371704	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	101 17 04	NAME OF TREASURER		
Milpitas Voters Against Measure E		Michael S. McInerney		
Miphad Votoro Agamet Modelie E		MAILING ADDRESS		
		820 Kizer Street		
STREET ADDRESS (NO P.O. BOX)		CITY		ZIP CODE AREA CODE/PHONE
820 Kizer Street		Milpitas NAME OF ASSISTANT TREASUR		95035 408-263-8714
CITY STATE ZIP CO		MAINE OF ASSISTANT TREASOF	ZED, II. DIVI	
Milpitas CA 9503	·	MAILING ADDRESS		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	BOX	MAILING ADDITIOG		
CITY . STATE ZIP CO	DDE AREA CODE/PHONE	CITY	STATE	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
4 17 45 41				
 Verification I have used all reasonable diligence in preparing and reviewing 	this statement and to the best of my kno	waledge the information contained he	rein and in the attached s	chedules is true and complete. I certify
under penalty of perjury under the laws of the State of Californi	a that the foregoing is true and correct.			,
Syspersed on October 6, 2014	Marka	I S Ma Serve	and the state of t	
Executed on Date	By Annual State	Signature of Treasurer or Assistant	Treasurer	
Executed on	р.			
Executed on	By Signature of Cor	ntrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of S	ponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Margura Dromanant	
Date	•	Signature of Controlling Officeholder, Candidate, S	erere Measona Linholiatir	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	state Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE - PART 2
CALIF FC	ORNIA DRM	460
Page	2	of

Officeholder or Candidate Contr	olled Committe	9	6.	Primarily Formed Ba	allot Measure C	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE	······································			NAME OF BALLOT MEASURE			
				Milpitas Economic Si	ustainability and	Stabilization Act	
OFFICE SOUGHT OR HELD (INCLUDE LOCAT	ON AND DISTRICT NU	MBER IF APPLICABLE)		BALLOT NO, OR LETTER	JURISDICTION	N I	SUPPORT
				Measure E	City of Mil	pitas	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	D STREET) CITY	STATE ZIP)	Identify the controlling	officeholder, cand	didate, or state measur	e proponent, if any.
		· · · · · · · · · · · · · · · · · · ·	_	NAME OF OFFICEHOLDER,	CANDIDATE, OR PRO	PONENT	
Related Committees Not Include not included in this statement that are concontributions or make expenditures on be	trolled by you or ar	primarily formed to recei		OFFICE SOUGHT OR HELD		DISTRICT N	O. IF ANY
COMMITTEE NAME	I.D.	NUMBER	_				
NAME OF TREASURER		NTROLLED COMMITTEE?	_ 7	. Primarily Formed Conficeholder(s) or candida			
COMMITTEE ADDRESS STREET ADDR	RESS (NO P.O. BOX)			NAME OF OFFICEHOLDER C	OR CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
CITY S	TATE ZIP CODE	AREA CODE/PHO	NE	NAME OF OFFICEHOLDER C	DR CANDIDATE	OFFICE SOUGHT OR HEL	SUPPORT OPPOSE
COMMITTÉE NAME	I.D.	NUMBER		NAME OF OFFICEHOLDER C	DR CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT OPPOSE
NAME OF TREASURER		NTROLLED COMMITTEE?		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HEL	D SUPPORT
COMMITTEE ADDRESS STREET ADDR		YES NO					OPPOSE
CONTINUE LEC ADDRESS STREET ADDR	RESS (NO P.O. BOX)						
CITY S	TATE ZIP CODE	AREA CODE/PHON	VE	A	ttach continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** FORM September 16, 2014 Sept. 30, 2014 through I.D. NUMBER

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

NAME OF FILER 1371704 Milpitas Voters Against Measure E Calendar Year Summary for Candidates Column B Column A Contributions Received TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE General Elections 1/1 through 6/30 7/1 to Date 0.00 0.00 2. Loans Received Schedule B. Line 3 20. Contributions 5.550.00 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 00 0.00 Nonmonetary Contributions Schedule C. Line 3 21. Expenditures 5.550.00 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 107. 29 Candidates 2,107.29 6. Payments Made Schedule E, Line 4 0.00 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 2,107.29 (if Subject to Voluntary Expenditure Limit) 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 0.00 Date of Election Total to Date 0-00 (mm/dd/yy) 0.00 10. Nonmonetary Adjustment Schedule C, Line 3 2, 107-29 2,107,29 **Current Cash Statement** 0.00 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ = To calculate Column B, add 5.550.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 2,107.29 Column A may be negative 3.442.71 figures that should be 16. ENDING CASHBALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ __ subtracted from previous period amounts. If this is If this is a termination statement, Line 16 must be zero. the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 0.00 18. Cash Equivalents See instructions on reverse \$ 0.00 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ____

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period September 16, 2014 Sept. 30, 2014

through .

CALIFORNIA FORM

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Milpitas Voters Against Measure E

I.D. NUMBER 1371704

Page

	A Summary				*Contributor	Codes
			SUBTOTALS	4,600.00		
09/23/14	Michael S. McInerney 820 Kizer Street Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00	2,000,00	
09/22/14	Jerry F. Epps 1378 Mount Shasta Avenue Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	2,000.00	2,500.00	
09/16/14	Jerry F. Epps 1378 Mount Shasta Avenue Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	500.00	500.00	
09/ 9 6/14	Michael S. McInerney 820 Kizer Street Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	1,000.00	1,000.00	
09/16/14	K & P Reed Enterprises, Inc. 1459 David Lane Milpitas, CA 95035	☐IND ☐COM ☑OTH ☐PTY ☐SCC		100.00	100.00	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)

Schedule A Summary

- 1. Amount received this period itemized monetary contributions. 5,450.00 (Include all Schedule A subtotals.)\$ =
- 100.00 2. Amount received this period – unitemized monetary contributions of less than \$100\$
- 3. Total monetary contributions received this period. 5,550.00

IND - Individual

COM - Reciplent Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from September 16, 2014	CALIFORNIA 460
through Sept. 30, 2014	Page5of7
······································	I.D. NUMBER
	1371704

NAME OF FILER

Milpitas Voters Against Measure E

wiiipitas vo	Acia Agailist Measure L					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN, 1 - DEC, 31)	PER ELECTION TO DATE (IF REQUIRED)
09/23/14	Earl Riebold 1375 Mount Shasta Avenue Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
09/24/14	Angela P. Anthony 2596 Meridian Avenue San Jose, CA 95124	IND COM OTH PTY	Retired	100.00	100.00	
09/26/14	Laura Mello 2147 Sepulveda Avenue Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.00	
09/26/14	Elizabeth Cilker 525 Vista Ridge Drive Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	Co-Owner Cilker Orchards	350.00	350.00	
		□IND □COM □OTH □PTY □SCC				
			CURTOTAL	s 850.00		

*Contributor Codes

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedule E **Payments Made**

Type or print in ink. Amounts may be rounded

SCHEDULE E Statement covers period **CALIFORNIA FORM** September 16, 2014 Sept. 30, 2014 through. I.D. NUMBER

to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1371704 Milpitas Voters Against Measure E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications campaign paraphernalla/misc. returned contributions CNS campaign consultants MTG meetings and appearances SAL campaign workers' salaries contribution (explain nonmonetary)* OFC office expenses TEL t.v. or cable airtime and production costs CVC clvic donations PET petition circulating TRC candidate travel, lodging, and meals candidate filing/ballot fees phone banks PHO staff/spouse travel, lodging, and meals polling and survey research fundraising events POL transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services MD POS VOT voter registration LEG legal defense professional services (legal, accounting) PRO WEB information technology costs (Internet, e-mail) campaign literature and mallings print ads PRT

NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service 1750 Lundy Avenue San Jose, CA 95101	POS	Bulk Mail Permit and Stamps	\$274.75
Prismatic Signs 467 Montague Expressway Milpitas, CA 95035	СМР	Yard Signs	\$640.54
Multiversal Enterprises, Inc. 6215 Guadalupe Mines Rd. San Jose, CA 95120	WEB	Website Development	\$600.00

SUBTOTAL\$ 1,515,29 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1,965.29 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ _ 142.00 2. Unitemized payments made this period of under \$100 \$ ____ 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$ 2,107.29

SCH	EDI	ИE	Εı	(CON	T'

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460			
from September 16, 2014				
through September 30, 20	Page of			
A CONTRACTOR OF THE PROPERTY O	I.D. NUMBER			
	1371704			

	through September 30, 201	Page of
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		I.D. NUMBER
Milpitas Voters Against Measure E		1371704

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salarles office expenses OFC CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs petition circulating PET CVC civic donations TRC candidate travel, lodging, and meals phone banks PHO candidate filing/ballot fees staff/spouse travel, lodging, and meals TRS polling and survey research FND fundraising events transfer between committees of the same candidate/sponsor postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND VOT voter registration professional services (legal, accounting) legal defense LEG WEB information technology costs (internet, e-mail) print ads PRT campaign literature and mailings AMOUNT PAID DESCRIPTION OF PAYMENT OR NAME AND ADDRESS OF PAYEE CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Website Development Deep Patel, En Interactive Technologies \$450.00 WEB 610-611 Baudi Cross Lane, Marve Road Mumbai, Maharashtra, India 400064

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

450.00